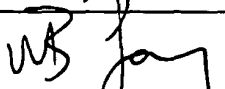


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>	Attorney Docket No.		B03-50	Total Pages: 48
	First Named Inventor		David A. Bulpett	
	Title	URETHANE ELASTOMERS WITH IMPROVED COLOR STABILITY		
	Express Mail Label No.		EV065936780US	

<b>APPLICATION ELEMENTS</b>  <i>See M.P.E.P Chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original and a duplicate for fee processing)</i>  2. <input checked="" type="checkbox"/> Specification [Total Pages: 45] <ul style="list-style-type: none"> <li>• Descriptive title of invention</li> <li>• Cross-reference to related applications</li> <li>• Background of the invention</li> <li>• Brief Summary of the Invention</li> <li>• Brief Description of the Drawings <i>(if filed)</i></li> <li>• Detailed Description</li> <li>• Claims</li> <li>• Abstract of the Disclosure</li> </ul> 3. <input type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets: 0]  4. Oath or Declaration [Total Pages: 3] a. <input type="checkbox"/> Newly executed <i>(original or copy)</i> b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 12 completed)</i>		<b>ACCOMPANYING APPLICATION PARTS</b>  5. <input checked="" type="checkbox"/> Assignment papers <i>(cover sheet and document(s))</i>  6. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. § 122 (b)(2)(B)(i). Must attach Form PTO/SB/35.  7. <input type="checkbox"/> Information Disclosure Statement/Reference List a. <input type="checkbox"/> Copies of citations  8. <input type="checkbox"/> Preliminary Amendment  9. <input checked="" type="checkbox"/> Return Receipt Postcard <i>(M.P.E.P. § 503)</i> <i>(should be specifically itemized)</i>  10. <input type="checkbox"/> Other:	
11. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:  <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: 09/861,909  Prior application information:    Examiner: David J. Buttner    Group Art Unit: 1712  The entire disclosure of the prior application is considered a part of the disclosure of the accompanying Continuation, Divisional or Continuation-in-part application, and is hereby incorporated by reference.			
<b>12. CORRESPONDENCE ADDRESS</b>			
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		Fax	(508) 979-3092
Name	William B. Lacy	Registration No. (Attorney/Agent)	48,619
Signature		Date	July 25, 2003

19972 U.S. PTO  
 10/627504  
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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <i>Patent fees are subject to annual revision.</i>		<i>Complete if Known</i>																																																																																																																																	
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>502309</b> Deposit Account Name <b>Acushnet Company</b> The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b> Large Entity																																																																																																																																	
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Name	William B. Lacy		Registration No. (Attorney/Agent)																																																																																																																																
Address	Acushnet Company, PO Box 965, Fairhaven, MA 02719-0965		Telephone																																																																																																																																
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